

Prader-Willi Syndrome Association of Alberta

201__ Membership/Renewal Form

Name _____

Address _____

Phone Number (____) _____

E-Mail _____

Name of person with PWS _____

Address (if different from above)

Name of Agency _____

Date of Birth: _____

I can be contacted by professionals doing research Y____ N____

I can be contacted by other families Y____ N____

My child's name can be included on the membership list Y____ N____

I am interested in getting involved with the activities of PWSA of Alberta Y____ N____

Membership includes PWSA of Alberta and the Canadian PWS Association.

Family (\$20/annually) \$ _____

Donation \$ _____

Total enclosed \$ _____

Cheques should be made out to **PWSA of Alberta** and mailed to:
Lise Dunn, PWS membership, 61 Haviland Cr. St. Albert, AB T8N 6V1

A charitable receipt will be issued for all donations over \$20

We thank you for your support!